

PART B - FEE(S) TRANSMITTAL



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7590

07/15/2005

LISA A. HAILE, PH. D.
GRAY CARY WARE AND FREIDENRICH LLP
4365 EXECUTIVE DRIVE,
SUITE 1100
SAN DIEGO, CA 92121-2133

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Aldon Griffis	(Depositor's name)
<i>Aldon Griffis</i>	(Signature)
October 13, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/974,026

10/10/2001

Paul P. Tamburini

96-223-22

7892

TITLE OF INVENTION: HUMAN BIKUNIN

10/18/2005 DENMANU2 00000052 09974026

01 FC:1501

1400.00 0P

02 FC:1504

300.00 0P

03 FC:8001

30.00 0P

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/17/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LIU, SAMUEL W

1653

514-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ 2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

DLA PIPER RUDNICK

GRAY CARY US LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bayer Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

West Haven, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies Ten (10)

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☒ A check in the amount of the fee(s) is enclosed. \$1,730.00☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*Lisa A. Haile*Date October 13, 2005Typed or printed name Lisa A. Haile, J.D., Ph.D.Registration No. 38,347

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